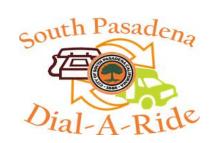


City of South Pasadena

Community Services Center Department SENIOR CITIZEN'S CENTER

1102 Oxley Street

South Pasadena, CA 91030 (626) 403-7368



| | | DIAL-A-RIDE PI | ROGRAM REGISTR | ATION | | | | |
|---|---------------------|-------------------|--------------------------|-----------------|-------------|------------------------------|--------------|--|
| Name: | | | | | | | | |
| Address: | | | | | | | | |
| Street | City | | | | Zip | | | |
| Telephone Number: | Cell Phone Number: | | | | | | | |
| | | | | | | | | |
| Date of Birth: | | Ema | il Address: | | | | | |
| Preferred Language of Communication: | | n: | Spanish | Spanish Cantone | | Korean | English | |
| Mobility Type: | Cane | Walker | Wheel Chair | Wheel Chair | | Other (Please Explain Below) | | |
| Disability: | | | | | | | | |
| Additions: | Aid/C | are Giver | Seeing I | Eye Dog/Se | rvice An | imal (Certificatio | n Required) | |
| Aid Contact Name: | Aid Contact Number: | | | | | | | |
| | | Emer | gency Contact | | | | | |
| Primary Contact: | | Rela | Relationship: | | Phone: | | | |
| Secondary Contact: | | Rela | Relationship: | | Phone: | | | |
| Physician: | Relationship: | | | Phone: | | | | |
| Please be advised that drivers will charged for Aid's. Only registered Applicants must be 55 years or old | service animals a | re allowed on the | bus. Please notify offic | e of any chan | ges with er | mergency contact o | r physician. | |
| Signature | | | Date | | | | | |
| For office use only: | | | | | | | | |